



## U.S. DEPARTMENT of STATE

### **Sudan: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC)**

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#### **Practice:**

Type I (commonly referred to as clitoridectomy and referred to as "sunna" in Sudan), Type II (commonly referred to as excision) and Type III (commonly referred to as infibulation) are the forms of female genital mutilation (FGM) or female genital cutting (FGC) widely practiced in the northern part of Sudan. Type III is the most common form. FGM/FGC crosses religious and ethnic lines. It is practiced by both Muslim and Christian women.

#### **Incidence:**

A 1991 Demographic and Health Survey of 5,860 women in northern Sudan, found that 89 percent practice one of these forms. Eighty-seven percent of urban women and ninety-one percent of rural women practice it according to a survey conducted from 1996 to April 2000 by the Sudan National Committee on Traditional Practices (SNCTP) and Save the Children Sweden.

A United Nations publication, "The Progress of Nations", also estimates that 89 percent of northern Sudanese women and girls, nearly 10 million, have been subjected to one of these forms.

A study conducted by SNCTP and Save the Children Sweden sampled secondary school students and their mothers. It found that in urban areas 87.6 percent of the female students and 89.5 percent of the mothers sampled had been circumcised. In rural areas, 90.8 percent of the female students and 91.3 percent of the mothers had been circumcised.

Among mothers studied, 15.2 percent had undergone the milder form of "sunna" or Type I and 84.8 percent Type III. Only 50 percent of university graduate mothers had undergone any form.

All three forms are practiced in the northern part of the country. A very high prevalence, predominantly Type III that is the most harmful, is found throughout most of the northern, northeastern and northwestern regions. It is not practiced in the south, although some southern women who are married to northern men and live in the north part of the country, elect to undergo the procedure. It has never been part of traditions in the south.

Many educated urban families do not subject their daughters to this practice. Those who do not are increasing. Many other families are abandoning the severe form for the less radical methods. According to a 1983 study, over 80 percent of the procedures performed were Type III. According to the recent SNCTP study, for women born after 1980 who were subjected to this practice, 57 percent were infibulated while nearly 43 percent were subjected to the milder "sunna." There is believed to be a slight decrease in these practices in recent years.

#### **Attitudes and Beliefs:**

Reasons given for the practice include the belief that it will protect the girl's virginity. The external female genitals are considered unclean. The aim of the procedure is to produce a smooth skin surface and women who support the practice insist that it makes them cleaner. Clerics in Sudan do not support Type III, the most severe form. Some of them, however, condone the less radical forms of the practice but do not insist on it.

In northern Sudan an elaborate ceremony generally surrounds the procedure. This is usually for girls (infants to 11 years old). The celebrations are the same for all. A young woman subjected to this procedure emerges marriageable while a younger girl receives gifts of special food and clothes. The ceremonial aspect is disappearing in most groups.

#### **Type I:**

Type I is the excision (removal) of the clitoral hood with or without removal of all or part of the clitoris.

#### **Type II:**

Type II is the excision (removal) of the clitoris together with part or all of the labia minora (the inner vaginal lips).

**Type III:**

Type III is the excision (removal) of part or all of the external genitalia (clitoris, labia minora and labia majora) and stitching or narrowing of the vaginal opening, leaving a very small opening, about the size of a matchstick, to allow for the flow of urine and menstrual blood. The girl or woman's legs are generally bound together from the hip to the ankle so she remains immobile for approximately 40 days (depending on who performed the procedure) to allow for the formation of scar tissue.

These procedures are generally carried out in private clinics, by midwives in the villages and by so called "health visitors" whose main job is to make house to house visits to disseminate information on hygiene and promote a healthy environment. The procedure is often carried out without the use of anesthesia.

**Outreach Activities:**

Attempts have been made to eradicate FGM/FGC for the past 50 years. Despite this, women are still being infibulated today. With the weight of the present government behind it, an intensive campaign against the practice has been launched. Religious groups, the media and women's organizations have joined forces to eradicate this damaging practice. The government has made limited efforts to educate health personnel on this issue and to introduce information about this practice into the school curricula.

A number of organizations have tried to protect women and fight against this practice. They are SNCTP, the Organization for Eradication of Traditional Harmful Practices Affecting the Health of Women and Children (ETHP), the Mutawinat Group and the Babiker Badri Organization. The Ministry of Social Planning recognizes all groups and allows them to operate freely. They work closely with the United Nations Population Fund (UNFPA) under the Project for Information, Education and Communication and the United Nations Children's Fund (UNICEF).

SNCTP, funded primarily by the government of the Netherlands, has as a primary goal the elimination of this practice. It produces educational materials, trains advocates and puts on public awareness seminars to accomplish this.

ETHP was established in 1984 by a resolution signed by the Minister of the Interior and Social Welfare. It succeeded the Sudanese National Committee for the Eradication of Female Circumcision (SNCEFC) which was founded in 1981 by a decree of the Minister of the Interior and Social Welfare.

The objective of ETHP is the eradication of the practice by focusing on instruction and information for key groups. Workshops, seminars, courses and discussions have been held. Local midwives have been given formal training. In 1997, public health sessions were held in rural areas of Khartoum, Nile River, Northern, Sinnar and White Nile states. Informational materials were distributed. Research on the psychosocial aspects of the practice and attitude change was implemented during 1997. This involved health visitors, village midwives and traditional birth attendants (TBAs) from both urban and rural areas and from different religious and cultural backgrounds.

The Babiker Badri Organization has also developed teaching methods for women and children, special games, a question and answer booklet, posters, etc. The aim is total eradication.

The Mutawinat Group, established in 1990, held a workshop in 1997 that brought together governmental and non-governmental organizations. They are pursuing an innovative study that documents the status of women who have not undergone this procedure and are working to get information about the practice into school curricula.

Members of the medical profession are starting to involve themselves in the issue. People are discussing the issue openly. While few have abandoned the practice altogether, many have opted for the milder "sunna" procedure.

Eradication of Type III or infibulation was integrated into the curriculum for community health nurses at the Khartoum Nursing College. It is hoped this approach can also be included in curricula for medical students and student midwives. Eradication of this and other harmful traditional practices is also to be included in nutritional teachers' national education programs.

**Legal Status:**

The government of Sudan publicly opposes Type III or infibulation. Although today there is no law against FGM/FGC, Sudan is the first country in Africa to have a record of legislating against it. As early as 1930 an article appeared, written by a medical student, about the harmful effects of the practice and urging that it be abolished. Sudan was then under an Anglo-Egyptian administration. The article was withheld from distribution by government authorities.

In 1943, a medical committee was set up by the governor-general to study the practice. The conclusion was that it was cruel and should be abolished. A radio and media campaign followed. Nothing, however, was done. As a result, an amendment to the 1925 Penal Code was introduced in 1946 to outlaw Type III. The 1946 Penal Code prohibited Type III, but permitted the less severe form. Families hurried to have their girls infibulated before the law went into effect. The law provided for imprisonment up to seven years and a fine for those who carried out the procedure. There were violent demonstrations after the first arrests.

The law was ratified again in 1956, after Sudan became independent. The Penal Code prohibited Type III but allowed the removal of the "free, projecting part of the clitoris". The punishment was now five years imprisonment and/or a fine if someone

performed Type III.

"1. Whoever voluntarily causes hurt to the external genital organs of a woman is said, save as hereafter excepted, to commit unlawful circumcision. Exception: It is not an offense under this section merely to remove the free and projecting part of the clitoris.

2. Whoever commits unlawful circumcision shall be punished with imprisonment for a term which may extend to five years or with a fine, or both."

The law against Type III continued to exist in the Penal Code of 1974 but was dropped in the 1983 Penal Code. In 1991, the government affirmed its commitment to its eradication. It claimed it was against Islam and a crime punishable under the Penal Code. The 1991 Penal Code, however, does not mention any of these forms. There is currently no law that forbids this practice per se.

Other provisions of the Penal Code covering "injury" might potentially cover FGM/FGC. There are reports that some practitioners have been arrested but no further information is available. In 1992 a case involving FGM/FGC was brought under the general physical injury law. The outcome is unknown.

**Protection:**

Despite a massive effort to eradicate the more severe form of FGM/FGC and a law that prohibited it, there has been little effort over the years to enforce it.

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